

Worker and Community Right to Know Act  
EMPLOYER OUTREACH SURVEY

Name of Employer		Telephone No.
Street Address, City, State, Zip Code		
Contact Person	Title	
Union Name/Local Number		
Union Representative		
Union Address	Telephone Number	

NJEIN NUMBER									

SIC Code			

Co/Mun Code			

NAICS Code					

Total Number of Employees				

Total Number of Exposed Employees				

Contact Dates																	
Method:						Method:						Method:					
<input type="checkbox"/> Phone <input type="checkbox"/> In Person <input type="checkbox"/> Mail						<input type="checkbox"/> Phone <input type="checkbox"/> In Person <input type="checkbox"/> Mail						<input type="checkbox"/> Phone <input type="checkbox"/> In Person <input type="checkbox"/> Mail					

Type of Business Conducted at This Site
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Comments
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Review of Forms and Materials With Employer	Employer Has?			Needs?		Number Needed	<u>Sent?</u> Yes	Date Sent
	Yes	No	N/A	Yes	No			
RTK Survey								
RTK Regulations - DHSS								
RTK Hazardous Substance List								
Hazardous Substance Fact Sheets-English								
Hazardous Substance Fact Sheets-Spanish								
RTK Brochures-English								
RTK Brochures-Spanish								
RTK Posters-English								
RTK Posters-Spanish								
Other								

Name of County Representative (Print)	Signature of County Representative
County Lead Agency	Date